

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 9

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g) of Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 0b. FFY 2003 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 7 to Attachment 3.1-A, page 3
Supplement 7 to Attachment 3.1-B, page 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 7 to Attachment 3.1-A, page 3
Supplement 7 to Attachment 3.1-A, page 3

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Individuals in need of long term care services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

February 4, 2002

16. RETURN TO:

David J. Zentner
Director, Medical Services
ND Department of Human Services
600 E Boulevard Ave-Dept 325
Bismarck ND 58505**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

February 12, 2002

18. DATE APPROVED:

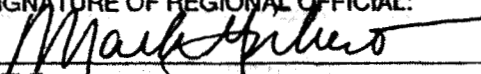
April 9, 2002

PLAN APPROVED - ON

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: February 4, 2002

3. Implementation and Monitoring – This service consists of assisting the client in arranging for the services identified in the plan and developing a supportive relationship with the client to ensure that the client receives the necessary services to remain at home or in a community setting as long as possible. Case managers will also monitor the delivery of services to ensure that clients are receiving appropriate and quality services. Periodic reviews will be conducted to determine if any changes are necessary to ensure that the goals of the care plan are being carried out. The case manager will update the plan if the review indicates changes are necessary so those clients remain in the least restrictive setting possible.

E. Qualifications of Case Management Providers:

In order to ensure that care is properly coordinated, targeted case management services must be delivered by public agencies that have sufficient knowledge and experience relating to the availability of alternative long term care services for elderly and disabled persons.

Individual case managers must at a minimum have a bachelor's degree in Social Work, hold a North Dakota social work license and must have at least one-year experience in providing case management related services to elderly and disabled persons or must be supervised by a licensed social worker with at least three years experience in providing services to elderly and disabled persons or must be a Developmental Disabilities case manager.

F. ASSURANCES

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of providers of other medical care under the plan.

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TN No. 02-009

Supersedes

TN No. 01-004

Approval Date 04/09/02

Effective Date 01/01/02